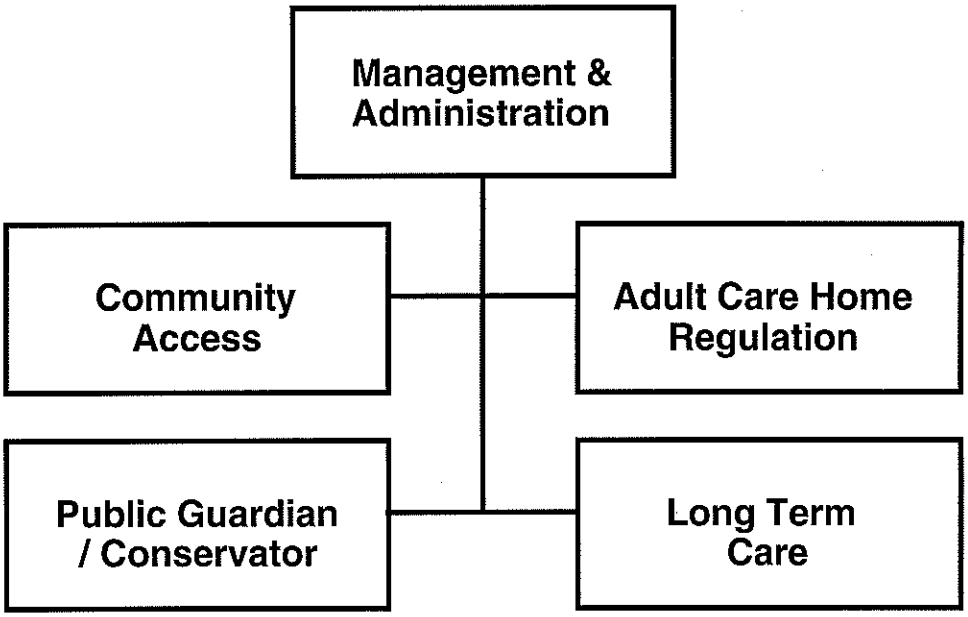
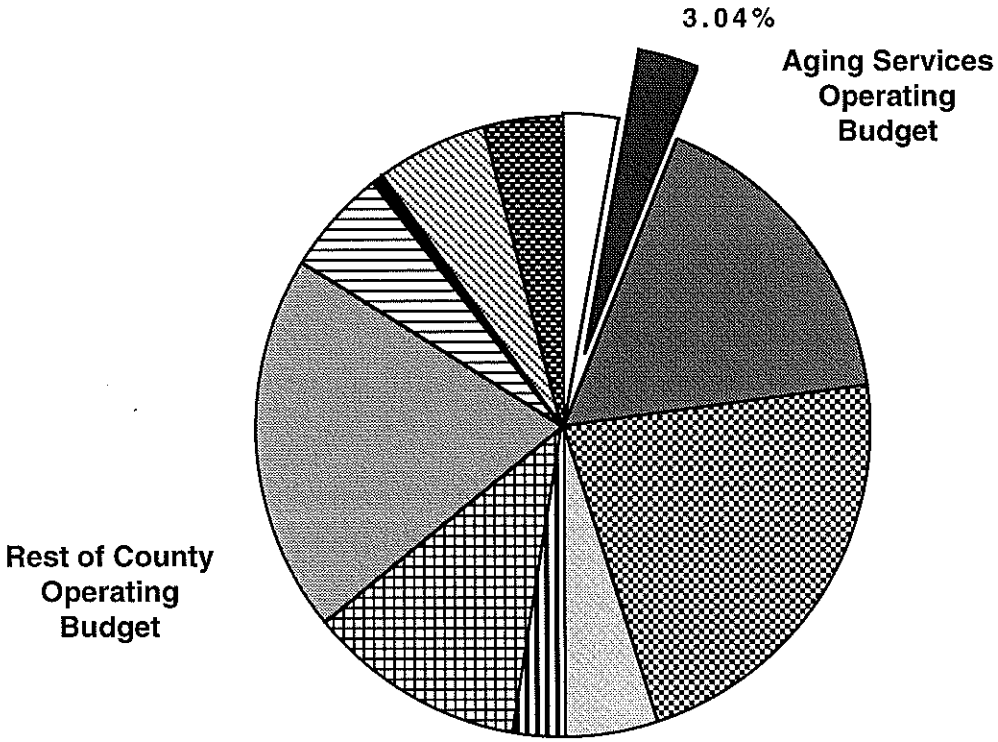
Aging Services





Aging Services

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Aging Services

Vision

In 2015, Multnomah County Aging Services will continue to plan and deliver social and health services to older people in order to help them live as independently as possible. The agency will deal with fifty percent more clients through a seamless system of flexible and responsive services. This system will accommodate the needs of an aging society and continue to serve as a national model of aging services.

The elderly will live safely, independently, and with dignity in the least restrictive alternative environments, reflecting their own choices. As a higher percentage of the population, they will have political influence that will enable them to secure more of the services they need.

Aging Services will continue to be a mainstay for the most vulnerable segment of the elderly population. It will target its resources toward serving frail and vulnerable persons. It will protect adults who are abused, neglected, or exploited and it will assure that this segment of the population are safe from those who would take advantage of them. It will also assure that they reach the health care they need and that they receive counseling and advice when necessary.

Aging Services will manage a network of support systems -- an array so interrelated that clients served by any one of the programs can easily transition into all others that are appropriate. The agency will have met the challenge to manage public and private resources so efficiently that it can provide high quality programs throughout the scope of needs. It will serve clients throughout the county by locating service centers where the elderly can easily reach them, and through in-home assistance.

Customer satisfaction will be a cornerstone of this system. Those who receive these services will participate in the design of the programs, assist in assessing their quality, and advocate changes that they, as consumers, believe necessary. Aging Services will help in these efforts, and will adapt to the needs clients express.

Strategies

To reach this status over time, Aging Services is taking these steps:

Aging Services

- Continuing the "Beyond Bricks and Mortar" effort funded with a grant from the Administration on Aging. This effort will bring services to seniors living in public housing facilities.

- Continuing to improve the quality and accessibility of services in mid-county and east county to reach the increased number of elderly clients there. Complete planning for a mid-county site and a possible satellite office in or near Gresham.

- Expanding collaborative efforts with providers and jurisdictions not only within Multnomah County but also with the surrounding counties to make better use of the service capacity in the region, and to improve the quality and quantity of services being provided.

Partnerships

Aging Services plans and provides services with a wide variety of other agencies:

- Community and Family Services in Multnomah County
- Housing Authority of Portland
- Portland State University
- Portland / Multnomah Commission on Aging
- Clackamas County Senior Services
- Housing Authority of Clackamas County
- Senior and Disabled Services Division of the State of Oregon
- Non-profit agencies serving the elderly in Multnomah County.

Aging Services

Budget Overview	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing FTE	169.31	169.33	163.33	172.55
Departmental Costs	$13,716,998	$14,436,409	$14,515,790	$15,344,074
Program Revenues	$13,366,058	$12,031,797	$12,031,797	$12,996,468

Department Services

Aging Services offers the following services:

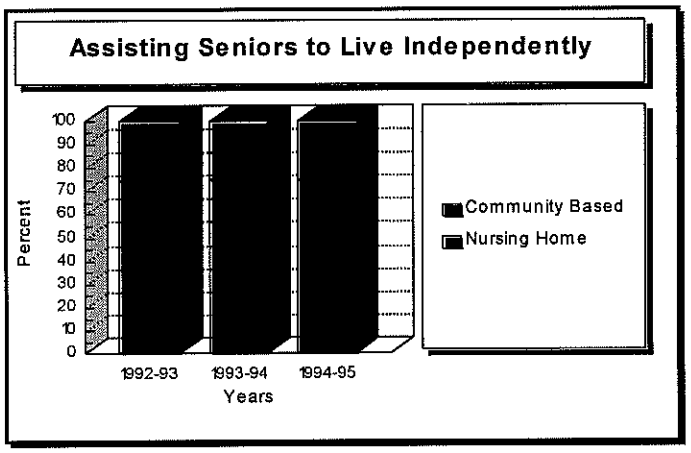
- Program development and advocacy
- Single entry/easy access to services through information and referral, gatekeepers and twenty-four hour access.
- Case management-need assessment, eligibility, case plan development, service monitoring.
- Adult care home regulation and licensing
- Public Guardianship/Conservatorship.
- Protective services
- Minority services coordination
- Contract and service management
- District Centers
- Nutrition
- Transportation
- In-home services
- Multi-disciplinary teams

Local policy discretion regarding services is limited by Federal and State Medicaid Policy and regulation, the Federal Older Americans Act, Oregon Project Independence statutes, agreements between Multnomah County and the City of Portland.

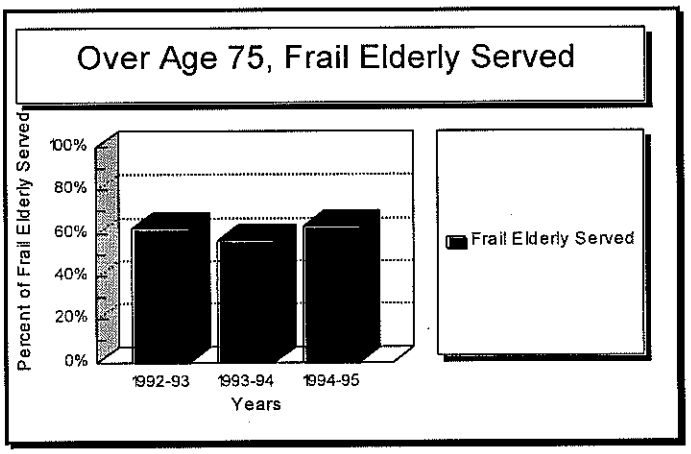
The Portland/Multnomah Commission on Aging provides advice and input on community needs, program and policy development, and priorities for the provision of services. Citizen Advisory Committees monitor the funding as well as the provision of services.

Aging Services

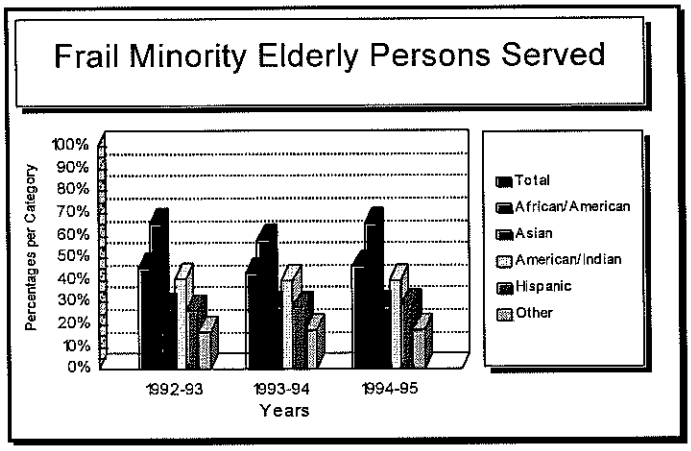
Performance Trends



Three out of four of Aging Services' case management clients are in community based case homes. This demonstrates success in assisting seniors to live independently.

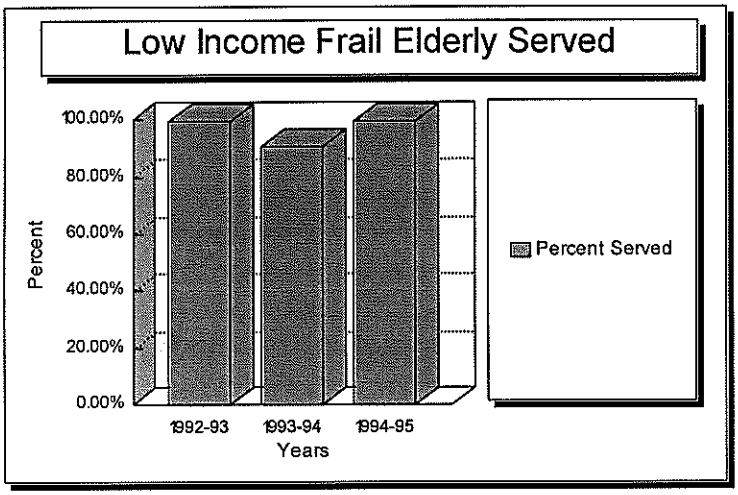


Roughly 60% of frail elderly people over 75 years of age are served by the Aging Services Division.

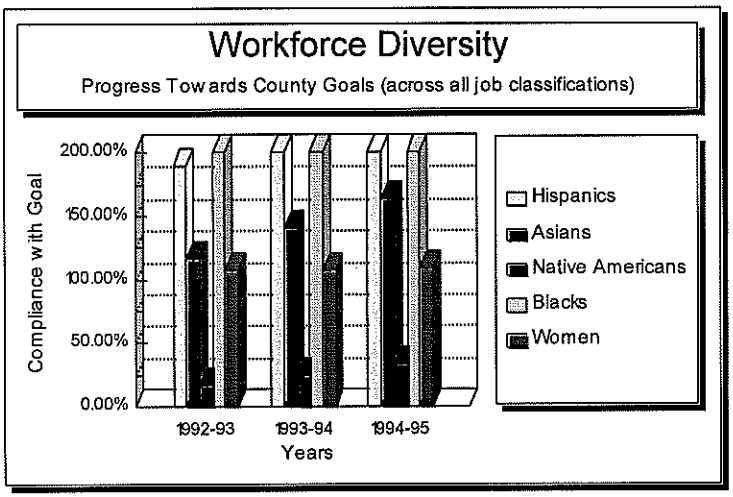


Overall, slightly less than half of the frail minority elderly are served by the Aging Services Division programs.

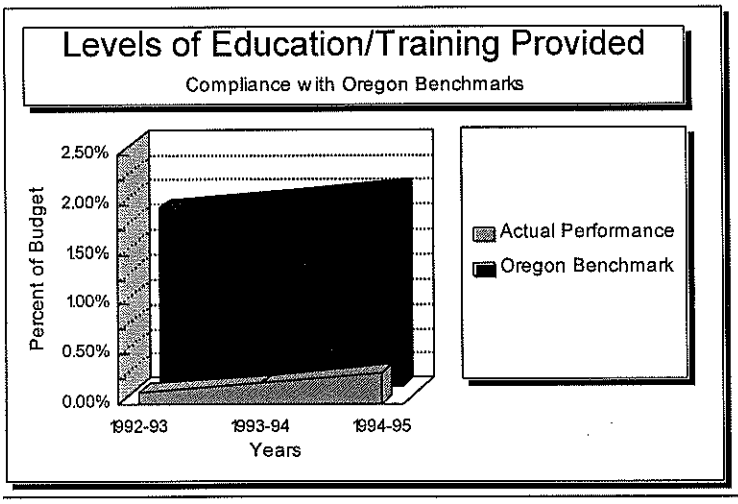
Aging Services



More than 9 out of 10 low income, frail elderly persons in Multnomah County are being served by the Aging Services Division. The Division estimated it wil reach virually everyone (99%) in this target populatio in 1994-95.



Commitment to Workforce Diversity has led to good results in meeting established goals in the Aging Services Division. Actual hires meet or exceed Affirmative Action goals for Hispanics, Asians, Blacks, and Women, while the rate of success has improved for Native Americans. Strategic plans are in place to improve these statistics during the next year.



Underinvestment in workforce training is a continuing problem for Multnomah County.

Productivity decreases when needed education and training are unavailable. The Oregon Benchmarks establish an investment goal for the percent of personnel costs spent on training; by the year 2000, the goal is 2.5%

Aging Services

Recent Accomplishments

- The ASD Strategic Planning process was completed, with a public hearing held in the late Fall and a final report issued in March 1994.
- As a result of the Strategic Planning, central staff for Community and Business Services were re-aligned, and the Community Services unit became the Community Access Services unit, responsible for agency-wide planning and advocacy.
- The Southeast Branch, as well as Portland Impact's senior program and Loaves & Fishes, moved into a new, larger site, with more opportunities for collocating services to seniors.
- The East County District Center, where services had been provided directly by ASD staff, was successfully transferred to a contract with the YWCA. (The Older American's Act requires services to be contracted.)
- Planning continues for a Mid-County Senior Center, with possible collocation with the Midland Library site, and/or a Mid-County Community Center.
- A licensing fee increase for the Adult Care Home Program was adopted by the Board of County Commissioners. This was the first fee increase in a number of years.
- ASD received a two-year grant from the Administration on Aging. The grant, entitled "Beyond Bricks and Mortar," will focus on delivering additional services to seniors in Public Housing facilities. This grant will include collaboration among ASD; Housing and Community Services unit of the Community and Family Services Division; Clackamas County Senior Services; the Housing Authorities of Portland and Clackamas County; Senior and Disabled Services Division of the State of Oregon; and Portland State University.

Aging Services

Budget Highlights

- Aging Services budget for 1994-95 is essentially a 100% service level budget with no significant changes.
- FTE increased by a net of 8.72 FTE, primarily as a result of increased Medicaid funding for Branch staff triggered by large caseload increases, and fully annualizing positions cut in prior years for budget purposes.
- Contract levels are expected to be at nearly identical service levels as 1993-94. Contractors will receive an average 2.8% cost of living adjustment.
- The Aging Services West Branch is currently in a building that has been sold. The lease expires 6/30/94 with a six month extension likely. West Branch will move by December 1994. Some funds were budgeted for this purpose.
- The delivery of services to the mid- and eastern parts of Multnomah County will be a focus of Aging Services. Funds have been set aside for planning purposes for the development of the Mid-County site. ASD may also establish a satellite office in or near Gresham to better serve east county clients.
- Due to increases in the Older American's Act, and that this is the second year of the State of Oregon's biennial budget, ASD received funding increases from nearly all funding sources ranging from 2-4%. However, carryover of Federal and State funds continued to shrink.
- A project has been initiated to develop and coordinate activities for residents in the adult care homes in Multnomah County. The project aims to improve the quality of life available to these residents by providing them with recreational opportunities other than watching television.
- With the award of an Administration on Aging grant, Aging Services will continue to expand collaborative efforts to plan and deliver services with Multnomah County Community and Family Services, with the Housing and Community Services unit of the City of Portland, with the Housing Authority of Portland, Clackamas County, and with other agencies. Such efforts will require creativity among County staff, to facilitate transfers of funds and payments and not hinder projects with administrative barriers.

Aging Services

Revenue Sources	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
TOTAL GENERAL FUND	**$1,354,853**	**$3,291,899**	**$3,371,780**	**$3,253,343**
PROGRAM REVENUES - GENERAL FUND:				
Service Charges	$101,306	$227,690	$227,690	$167,000
Other Sources	551,667	660,097	660,097	738,737
Subtotal General Fund Program Revenues	$652,973	$887,787	$887,787	$905,737
PROGRAM REVENUES - OTHER FUNDS:				
Federal/State Fund	$12,713,085	$11,144,010	$11,144,010	$12,090,731
Subtotal Other Funds Program Revenues	$12,713,085	$11,144,010	$11,144,010	$12,090,731
TOTAL PROGRAM REVENUES	$13,366,058	$12,031,797	$12,031,787	$12,996,468
ADDITIONAL GENERAL FUND SUPPORT REQUIRED	$350,940	$2,404,112	$2,483,993	$2,347,606
TOTAL REVENUE REQUIRED	**$13,716,998**	**$14,435,909**	**$14,515,790**	**$15,344,074**

Aging Services

Budget Trends

	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing Levels	169.31	169.33	163.33	172.55
Personal Services	$7,097,111	$7,444,160	$7,454,425	$7,829,204
Contractual Services	4,246,708	4,452,007	4,452,007	4,976,750
Materials & Supplies	2,341,601	2,500,216	2,569,832	2,445,120
Capital Outlay	31,578	39,526	39,526	93,000
Total Costs	$13,716,998	$14,436,409	$14,515,790	$15,344,074
Program Revenues	13,366,058	12,031,797	12,031,797	12,996,468
Net Revenues Required	$350,940	$2,404,112	$2,483,993	$2,347,606

Costs by Division

	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Program Management and Advocacy	$1,111,185	$1,132,567	$1,143,133	$1,218,088
Community Access	3,940,589	4,233,948	4,302,763	5,153,143
Long Term Care	7,033,076	7,068,368	7,068,368	6,888,716
Public Guardian	427,899	456,805	456,805	509,918
Adult Home Care Regulation	576,014	792,527	792,527	795,644
Title XIX Reimbursement	628,235	752,194	752,194	778,565
Total Costs	$13,716,998	$14,436,409	$14,515,790	$15,344,074

Staffing by Division

	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Program Management and Advocacy	13.74	13.59	13.59	15.50
Community Access	9.76	15.49	9.49	14.50
Long Term Care	129.26	126.50	126.50	124.25
Public Guardian	6.88	6.75	6.75	6.80
Adult Home Care Regulation	9.67	13.00	13.00	11.50
Title XIX Reimbursement	0.00	0.00	0.00	0.00
Total Staffing	169.31	169.33	163.33	172.55

Aging Services

Issues and Opportunities

1. Intergenerational services

Many agencies in Multnomah County provide programs for specific age groups. However, the limited opportunities to link people across generations in mutually beneficial relationships is a situation the Family Support Network is designed to improve. Empowerment of communities could be enhanced by involving participants across generation lines. Examples of potential projects include: teen mothers could receive mentoring and emotional support from older women, elders could read to children in libraries, teens receiving training as Certified Nursing Assistants or as providers of housekeeping services could be employed by older clients through the client-employed provider program.

Major Alternatives:

- Leave the existing system in place, relying on the creativity of service providers to make use of intergenerational opportunities when they are appropriate for their clients.
- Establish a pilot program to select and coordinate services where intergenerational involvement make the greatest sense.

Board Action:

Fund a pilot program consisting of a 0.50 FTE Coordinator and contractual support for three projects that will bring together elderly and families with children in ways that are mutually beneficial.

2. Service to the elderly in east county

The population of persons 60 years of age and older in east county has grown dramatically; 34% of the county's elders now live there compared to 26% in 1980, a 34% increase. The size of east county requires many seniors to travel a significant distance to obtain service, or case managers must travel long distances to make home visits. This counters the goal of providing easy access to service through neighborhood focal points.

Major Alternatives:

- Continue to serve east county at the current level of service using the existing East County Senior Service Center at 122nd and Division. The space available at this site is inadequate for expanded services, and the inconvenience to many clients is very great.
- Increase support of case management in east county, but retain the existing service locations. Again, this alternative burdens clients with difficult access problems.
- Develop a Mid-County Senior Service Center and a satellite office in Gresham.

Board Action:

Unless additional funding becomes available, providing this expanded service will come at the expense of the existing Service Centers. The Budget includes resources to continue planning for of a Mid-County Service Center, a project to determine the feasibility of a satellite office in Gresham, and $25,000 for additional case management services in east county. Other savings and revenue opportunities within Aging Services budget may help meet the needs beyond this level of funding.

3. Support for the Adult Care Home Advisory Committee

The Adult Care Home Advisory Committee is a group that examines and advocates policies relating to adult care homes. It is staffed by the Manager of the Adult Care Home Regulation program. Residents in adult care homes, the elderly and persons with disabilities, would be better protected against abuse, neglect, and exploitation by a more active, consumer-based committee. PMCoA has been successful at staffing committees that require strong involvement from the elderly consumer community. Transferring responsibility for the Adult Care Home Advisory Committee to PMCoA will provide the Committee with a better opportunity to set goals for program development, advocate for changes, monitor adult care homes, etc.

Major Alternatives:

- Leave the Committee under the auspices of the Adult Care Home Regulation Program. This could continue the program at the current level, or the Committee could be expanded to meet the requests of providers to have greater representation.
- Transfer responsibility for staffing and supporting the Committee to PMCoA with an increase in County funding so that PMCoA can add staff dedicated to enhancing the effectiveness of this effort.

Aging Services

Board Action:

Provide sufficient funding to pay for 0.5 FTE staff support at PMCoA. This represents a General Fund cost of $11,640 and will generate additional Title XIX reimbursement for the balance of the anticipated cost.

Description

The mission of the Management and Administrative Services is to maintain and provide fiscal and management information, and contract administration to enable Aging Services to plan and deliver social and health services. To accomplish this mission, management and administrative services assures financial accountability in a multiple fund account environment, administers service contracts, facilitates personnel and payroll activities, and maintains computer network.

Action Plan

- Determine feasibility of a service satellite office in East County by October 1994 and if appropriate open office by June 30, 1995.
- Complete development of SE Senior Center by December 1994. Collocate Portland Impact, Loaves & Fishes, and other programs in partnership with Aging Services,.

Explanation of Changes	FTE's	Dollars
Program Development Specialist and Deputy Director restored to 1992-3 level	0.41	$25,700
Additional support for PMCoA to staff adult care home review committee	0.00	27,028
Community Svc Mgr. moved to Comm Access Prog Mgmt	(1.00)	(62,492)
Program Dev Spec and OA 2 transferred from Comm Access Prog Mgmt	2.00	92,064
Additional OA2 for clerical support, funded with Title XIX	0.50	14,019
Indirect costs decreased	0.00	(63,862)
Building Management increased	0.00	33,125
General inflation and wage increase	0.00	19,940
Total Expenditure Change	1.91	$85,521
Additional Title XIX reimbursement to support cost of adult care home review committee	0.00	$15,200
Transfer of Oregon Project Independence support of administrative staff from Comm Access Prog Mgmt	0.00	18,508
Title XIX reimbursement for additional administrative clerical support	0.00	14,019
Cost of living allowances in other funding sources	0.00	9,284
Total Revenue Change	0.00	$57,011

Budget Changes

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	13.59	15.50	1.91
Costs	$1,132,567	$1,218,088	$85,521
Less: Program Revenue	716,867	773,878	57,011
Net Revenue Required	$415,700	$444,210	$12,040

Budget Trends

	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing Levels	13.74	13.59	13.59	15.50
Personal Services	$645,889	$681,373	$691,138	$763,535
Contractual Services	219,700	190,583	190,583	220,124
Materials & Supplies	240,287	254,885	2,556,86	221,229
Capital Outlay	5,299	5,726	5,726	13,200
Total Costs	$1,111,185	$1,132,567	$1,143,133	$1,218,088
Program Revenues	not available	$716,867	$716,867	$773,878
Net Revenues Required		$415,700	$426,266	$444,210

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Management and Administration	$1,111,185	$1,132,567	$1,143,133	$1,218,088

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Management and Administration	13.74	13.59	13.59	15.50

Community Access Services

Description

The mission of Community Access Services is to provide, through partnership with community agencies, an array of community based supportive services which enable older persons to maintain the most independent lifestyle possible. To achieve this mission, Community Access Services manages a system of contracted services including case management, nutrition services, transportation and in-home services, and directly provides community access services of information and referral, Gatekeeper, and 24 hour access.

Local discretion for this program is limited by the Older Americans Act (Federal), Oregon Project Independence (State) and the City/County Intergovernmental Agreement.

During 1993-94, three positions were moved from Long Term Care Administration to better facilitate divisionwide program planning and advocacy.

Action Plan

- In partnership with the Housing Authority of Portland, Disabilities Services Offices and other appropriate agencies, implement congregate housing projects in three subsidized housing facilities (two sites by September 1994, the third by October 1994) that will provide supportive services assisting elders to age in place.
- Reduce language barriers experienced by target populations with consumer information sheets in Spanish, Vietnamese, Cambodian, Lao, and Russian describing benefit programs such as Food Stamps, Medicaid, and Qualified Medicare Beneficiary by January 1995.
- Develop and conduct a survey to assess the satisfaction level of Nutrition participants, Aging Services largest customer group.
- Develop and implement at least three intergenerational programs linking services for age specific groups together.

Explanation of Changes	FTE's	Dollars
Added 0.5 FTE Program Development Specialist to develop three intergenerational projects	0.50	$61,052
Carried over costs of constructing kitchen at SE Senior Center	0.00	36,458
Cost of transfers from other Aging Services programs	4.00	253,346
Building Management allocation	0.00	263,925
Changes detailed in individual programs	0.00	304,414
Total Expenditure Change	0.50	$919,195
Additional Title XIX revenue	0.00	$172,974
Space rentals from Southeast Senior Center	0.00	99,647
Client Employed Provider Fee estimated increase	0.00	25,000
Changes detailed in individual programs	0.00	151,612
Total Revenue Change	0.00	$449,233

Community Access Services

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	9.49	14.50	5.01
Costs	$4,233,948	$,5,153,143	$919,195
Less: Program Revenue	3,571,196	4,020,429	449,233
Net Revenue Required	$662,252	$1,132,714	$468,462

Budget Trends	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing Levels	9.76	9.49	9.49	14.50
Personal Services	$450,302	$444,258	$444,758	$688,791
Contractual Services	3,305,784	3,581,986	3,581,986	4,051,407
Materials & Supplies	184,503	207,204	276,019	412,945
Capital Outlay	0	0	0	0
Total Costs	$3,940,589	$4,233,948	$4,302,763	$5,153,143
Program Revenues	not available	$3,571,196	$3,687,440	$4,020,429
Net Revenues Required		$662,252	$615,323	$1,132,714

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Program Management and Advocacy	*	*	*	$912,942
District Centers	*	*	*	1,405,856
Nutrition Services	*	*	*	1,192,635
In-Home Services	*	*	*	759,115
Ethnic Services	*	*	*	263,573
Transportation and Specialized Support	*	*	*	276,090
Access Services	*	*	*	225,109
Multi-Disciplinary Team	*	*	*	117,823
Total Costs	$3,940,589	$4,233,948	$4,302,763	$5,153,143

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Program Management and Advocacy	*	*	*	7.50
District Centers	*	*	*	0.00
Nutrition Services	*	*	*	0.00
In-Home Services	*	*	*	0.00
Ethnic Services	*	*	*	1.00
Transportation and Specialized Support	*	*	*	0.00
Access Services	*	*	*	4.00
Multi-Disciplinary Team	*	*	*	2.00
Total Staffing	9.76	9.49	9.49	14.50

** Details for these years are not available at the program level.*

Program Mgmt & Advocacy

Description

The purpose of program management and advocacy is to provide direction to and coordination of the Community Access Services to insure quality services, program development and advocacy on issues affecting community elders. Program management and advocacy provides technical assistance, contract monitoring, unmet needs identification and issue advocacy.

Community access services are delivered through twenty five community organizations to a service population with changing service needs.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percentage of contracts successfully completed	89%	96%	96%	96%

Explanation of Changes	FTE's	Dollars
Added project to develop intergenerational programs	0.50	$61,052
Program Development Specialist and OA2 transferred from Long Term Care, Case Manager Senior transferred from Adult Care Home Regulation, Community Services Manager transferred from Program Mgmt and Advocacy	4.00	198,318
Office Assistant 2 added to handle work formerly done by DSS Word Processing unit	1.00	26,533
Building management	0.00	263,925
Reduced Indirect Cost rate	0.00	(24,692)
Net shifts to other programs in Community Access	0.00	(117,123)
Total Expenditure Change	5.00	$407,653
Medicaid Title XIX reimbursement cost of living adjustment and transfer of positions from Long Term Care	0.00	$117,946
Property and space rentals from subtenants at SE Branch	0.00	99,647
General cost of living adjustments in other grant revenues	0.00	10,814
Total Revenue Change	0.00	$228,407

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	2.00	7.50	5.50
Costs	$505,289	$912,942	$407,653
Less: Program Revenue	221,077	449,484	228,407
Net Revenue Required	$284,212	$463,458	$179,246

District Centers-Case Mgmt

Description

The purpose of District Centers - Case Management is to provide needs assessment and access to services for older persons (age 60 and over). This is accomplished through contractual partnership with neighborhood-based community agencies which provide services, additional funds and service development unique to their neighborhood. The services provided by district centers are case management (comprehensive needs assessment, service referral and service monitoring), information and referral (brief assessment and linkage to needed services), and focal point management (resource development, existing service coordination).

102,248 older persons and many more family members reside in Multnomah County. Many are not familiar with available service options. There is the potential for inappropriate restrictive placement, for economic or emotional abuse, or unnecessary physical, emotional and mental deterioration. This problem is increasing because of the growing older population and because the most vulnerable segment (those 85 or older) is growing dramatically.

The Older Americans Act mandates the delivery of services through neighborhood based community organizations. Oregon Project Independence defines service eligibility. The City of Portland/Multnomah County intergovernmental agreement earmarks city funds for district centers.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of frail elderly who are served	5.8%	6.5%	6.5%	7.0%
Clients served who are age 75 and older and frail	11.9%	12.5%	12.5%	13.0%
Percent of clients served who are new	6.1%	6.2%	6.2%	6.2%
Clients served who have low income and are frail	52.8%	53.3%	53.3%	53.8%
Percent of minority frail elderly who are served	8.6%	8.4%	8.4%	9.0%

Explanation of Changes	FTE's	Dollars
A clear break out of the 1993-94 budget has not been possible for this program. However, the 1993-94 budget was built with the plan to operate the East County District Center with County staff. In September, to comply with Older Americans Act requirements, the Center was contracted to the YWCA to operate.	(6.00)	$ 0
Included in this budget is an allotment of $25,000 to expand services to the elderly in mid-county	0.00	25,000
Total Expenditure Change	(6.00)	$25,000

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	6.00	0.00	(6.00)
Costs	not available	$1,405,856	
Less: Program Revenue	not available	987,105	
Net Revenue Required		$418,751	

Nutrition Services

Description

The purpose of Nutrition Services is to assist older persons to continue to live as independently as possible through the provision of home delivered and congregate meals. The nutrition service is responsible for delivering meals both to older persons living at home and to congregate sites. Each meal served contains at least one-third of the current Recommended Dietary Allowances (RDA).

For elderly persons poor, nutritional habits can contribute to physical and mental decline and further debilitation. The program delivers 240,768 meals to 3,650 older persons at home and 118,123 meals to 3,800 persons at 20 congregate sites. For 55% of those served, this nutrition service is the only meal or one of two meals consumed each day. This problem is increasing due to the increasing number of older persons and the increasing number of persons over the age of 85 years of age.

Older Americans Act defines meal requirements and service delivery method

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percentage of Multnomah County elderly served	6.7%	7.0%	7.0%	7.0%

Aging Services is currently developing a survey that will enable the tracking of this additional key result beginning in FY95-96:

- The degree of customer satisfaction with Nutrition Services.

Explanation of Changes	FTE's	Dollars
1993-94 funding for kitchen construction at Southeast Senior Center carried forward on a one time basis to complete project	0.00	$36,458
Cost of living adjustment for contractors	0.00	20,070
Total Expenditure Change	0.00	$56,528
Increase in rate per meal from USDA funding which will be used as a cost of living adjustment for contractors	0.00	$20,070
Total Revenue Change	0.00	$20,070

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	0.00	0.00	0.00
Costs	$1,136,107	$1,192,635	$56,528
Less: Program Revenue	1,136,107	1,156,177	20,070
Net Revenue Required	$ 0	$36,458	$36,458

In-home Services

Description

The purpose of in-home services is to assist persons age 60 and older who require assistance with two or more activities of daily living to remain independent and living in their own homes. In-home services are responsible for assisting older individuals with activities of daily living they are unable to perform or request assistance in performing.

Based on national surveys, 32% of persons over age 65 require assistance with an activity of daily living (eating, bathing, grooming/dressing, toileting) or lack the stamina or physical ability to maintain their home. Personal health and safety as well as community health and safety is maintained through this service. Approximately 450 older persons are provided 2 hours of housekeeping services weekly, approximately 250 older persons 1 1/2 hours of personal care, (bathing/grooming) each week. This problem is increasing due to the increased number of older persons living in the community and the increase of the most frail over 85 population.

Oregon Project Independence, Oregon Nurse Practices Act define service eligibility and service delivery requirements.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percentage of elderly served in their own home	n/a	35.0%	35.0%	35.5%

Explanation of Changes	FTE's	Dollars
General inflation	0.00	$15,895
Additional in-home contractual services based on higher estimates from Client Employed Provider fees	0.00	25,175
Total Expenditure Change	0.00	$41,070
Additional Client Employed Provider fees	0.00	$25,000
Anticipated cost of living adjustment in Oregon Project Independence revenue offset by minor changes in other revenue sources	0.00	15,895
Total Revenue Change	0.00	$40,895

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	0.00	0.00	0.00
Costs	$718,045	$759,115	$41,070
Less: Program Revenue	718,045	758,940	40,895
Net Revenue Required	$ 0	$175	$175

Ethnic Services

Description

The purpose of Ethnic Services is to increase minority service participation, clients, volunteers, and employees in the Aging Services Division program by increasing access to service, decreasing barriers and developing programs meeting the need of specific ethnic populations. This is accomplished through contracts for ethnic programs, development of specialized programs, multi-language materials, community outreach, translation, cultural and advocacy training, and technical assistance to ethnic minority groups, organizations and community in forming and organizing self-supported organizations.

National studies show that minority elders are at greater social and health risks. Over eight per cent of the county's elderly population are minority. These risks are increasing with the growth of minority populations in Multnomah County.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Ethnic clients as a percentage of total clients served	13.6%	13.9%	13.9%	14.4%
Percentage of ethnic minority elders served	24.5%	33.6%	33.6%	34.0%

Explanation of Changes	FTE's	Dollars
Expenditure increase from general inflation and wage increase	0.00	$1,823
Total Expenditure Change	0.00	$1,823
Estimated cost of living adjustments in grant revenues	0.00	$6,083
Total Revenue Change	0.00	$6,083

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	1.00	1.00	0.00
Costs	$261,750	$263,573	$1,823
Less: Program Revenue	214,656	220,739	6,083
Net Revenue Required	$47,094	$42,834	($4,260)

Transport & Special Support

Description

The purpose of Transportation and Specialized Support Services is to maintain the independence of frail, low-income older persons in their own home through special transportation by providing prescheduled door-to-door rides using lift equipped vehicle or commercial taxis for medical appointments and shopping for older persons. Transportation services are provided to those who cannot use regular bus service due to physical, emotional or language barriers and have no other means of transportation.

One third of the Multnomah County older population (approximately 33,660) are considered mobility disadvantaged and therefore lack access to medical appointments or shopping. This problem is increasing due to the increasing older population, in particular the most frail or 75+ years of age segment

Explanation of Changes	**FTE's**	**Dollars**
Expenditures reduced by deletion of health promotion activities funded by carryover in 1993-94, offset by general inflation and wage increases.	0.00	($41,836)
Total Expenditure Change	0.00	($41,836)
Revenues reduced because of $47,479 Title III F carryover in 1993-94 which is not available in 1994-95, offset by cost of living adjustments in Title IIIB revenues	0.00	($44,289)
Total Revenue Change	0.00	($44,289)

Budget Changes	**1993-94 Adopted**	**1994-95 Budget**	**Change**
Staffing Level	0.00	0.00	0.00
Costs	$317,926	$276,090	($41,836)
Less: Program Revenue	230,330	186,041	(44,289)
Net Revenue Required	$87,596	$90,049	$2,453

Access Services

Description

The purpose of Access Services is to provide convenient and reliable access to services and information about services available for older persons in Multnomah County. This service is responsible for responding to telephone and written inquiries for information, problem-solving, and referral to services with documented follow-up. This is accomplished through information and referral, after hour crisis intervention and through training of "gatekeepers," employees of community businesses who may encounter frail older persons through their work.

Over 100,000 elderly persons and their families reside in Multnomah County. The system of available services for older people can be difficult to understand, let alone access. The Gatekeeper and 24 Hour access programs link older persons who are at risk with the Aging Services system. This problem is increasing because of the growing population over the age of 75.

The Older Americans Act mandates information and referral and outreach programs.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of access service contacts linked to services	68.7%	70.0%	70.0%	72.0%

Explanation of Changes	FTE's	Dollars
Community Health Nurse transferred from Long Term Care	1.00	$50,413
Gatekeeper position annualized	0.26	11,712
General inflation and wage increase	0.00	5,118
Total Expenditure Change	1.26	$67,243
Revenues increase because of Title XIX shifted from Long Term Care to cover cost of transferred position	0.00	$55,028
Gatekeeper grants from various private sources expected to increase 50%	0.00	5,000
Other general cost of living adjustments	0.00	3,585
Total Revenue Change	0.00	$63,613

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	2.74	4.00	1.26
Costs	$157,867	$225,110	$67,243
Less: Program Revenue	80,763	144,376	63,613
Net Revenue Required	$77,104	$80,734	$3,630

Multi-disciplinary Team

Description

The purpose of the Multi-disciplinary Team (MDT) is to provide appropriate intervention for at risk seniors who have a combination of social, mental health, health, and alcohol/drug problems. Teams consisting of a geriatric mental health specialist, a social worker and a community health nurse combine with Aging Services case managers through an agreement among the Aging Services Division, Social Services Division and the Health Department. Team members provide holistic assessments, case consultation, direct nursing, and mental health treatment as appropriate. These clients are resistive to service, home maintenance or health care due to a combination of behavioral and health problems. These clients can represent a danger to themselves and the community.

Over 100,000 seniors reside in Multnomah County. Approximately 8% are considered frail and require assistance with daily living tasks. 15% of older adults have a mental health or alcohol problem serious enough to require treatment. The team receives 750 referrals annually. This problem is increasing because of the growing number of persons over age 75 who are more frail.

Key Results

Aging Services is currently developing data collection methods that will enable the tracking of these additional key results in FY95-96:

- Percentage of requests for assistance to which the Multi-Disciplinary Team (MDT) responds
- Improvement in living situation two months after MDT intervention

Explanation of Changes	**FTE's**	**Dollars**
Revenues and expenditures both increase based on cost of living adjustment in Title XIX revenue estimates.	0.00	$1,578

Budget Changes	**1993-94 Adopted**	**1994-95 Budget**	**Change**
Staffing Level	2.00	2.00	0.00
Costs	$116,244	$117,822	$1,578
Less: Program Revenue	116,244	117,822	1,578
Net Revenue Required	$ 0	$ 0	$ 0

Long Term Care Services

Description

The mission of Long Term Care Services is to provide services which are the least restrictive, least costly, and in a safe environment of the client's choice to frail elders who are financially and service eligible. To achieve this mission, Long Term Care provides case management access to community based and nursing home service. The major responsibilities of this program group are to: determine service and financial eligibility, authorize a range of services from community based to nursing home care, monitor on going needs and service delivery, investigate protective service complaints, and screen nursing home placements to insure appropriate service use.

Local discretion for this program group is limited by federal and state Medicaid regulation.

Action Plan

- Improve access to senior services by simplifying eligibility process by June 30, 1995. This will be accomplished through expanded use of computers and new software technology to improve access to information, eligibility and referral.

Explanation of Changes	FTE's	Dollars
Transfers to other Aging Services programs	(3.00)	($138,053)
Reduced Indirect cost rate	0.00	(422,025)
Building Management allocation	0.00	113,137
Positions added because of growing caseload	7.25	341,946
Changes explained in program detail	(0.50)	(74,657)
Total Expenditure Change	3.75	($179,652)
Title XIX increase based on client load	0.00	$217,409
Changes explained in program detail	0.00	152,260
Total Revenue Change	0.00	$369,669

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	120.50	124.25	3.75
Costs	$7,068,368	$6,888,716	($179,652)
Less: Program Revenue	6,160,610	6,530,279	369,669
Net Revenue Required	$906,758	$358,437	$548,321

Budget Trends	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing Levels	129.26	120.50	120.50	124.25
Personal Services	$5,307,125	$5,456,268	$5,456,268	$5,536,041
Contractual Services	457,193	347,125	347,125	344,790
Materials & Supplies	1,248,395	1,236,975	1,236,975	933,885
Capital Outlay	20,363	28,000	28,000	74,000
Total Costs	$7,033,076	$7,068,368	$7,068,368	$6,888,716
Program Revenues	not available	$6,160,610	$6,045,366	$6,530,279
Net Revenues Required		$906,758	$1,023,002	$358,437

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Program Management and Advocacy	*	$1,167,219	$1,167,219	$651,869
Community-based Case Management	*	4,901,454	4,901,454	5,099,903
Nursing Facilities	*	999,695	999,695	1,136,944
Total Costs	$7,033,076	$7,068,368	$7,068,368	$6,888,716

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Program Management and Advocacy	*	3.50	3.50	0.00
Community-based Case Management	*	97.00	97.00	102.75
Nursing Facilities	*	20.00	20.00	21.50
Total Staffing	129.26	120.50	120.50	124.25

** Details for 1992-93 are not available at the program level.*

Program Mgmt & Advocacy

Description

The purpose of the program management and advocacy is to provide direction and coordination of the delivery of Long Term Care services by insuring quality services, program development issue advocacy, and compliance with regulation. This service optimizes the operation of the five branch offices through policy information dissemination, supervision, training, technical assistance, and new program development.

Key Results

Aging Services is currently developing data collection methods that will enable the tracking of this key result in the 1995-96 budget

- Percentage of intakes processed within 45 days.

Explanation of Changes	**FTE's**	**Dollars**
Reduction of Case Manager 2 expected to be funded by Family Caring Network Access grant that was not received	(1.00)	($37,656)
Transferred Program Dev Spec, Community Health Nurse, and OA 2 to Community Access Services	(2.50)	(114,653)
Reduced indirect cost rate	0.00	(422,025)
Reduced supplement to State Title XIX matching pool	0.00	(35,482)
Professional services and capital for transition in West and East Service Center sites	0.00	61,000
Building Management	0.00	31,929
General inflation	0.00	1,537
Total Expenditure Change	(3.50)	($515,350)
Title XIX reimbursement transferred to Community Services with transfer of positions	0.00	($148,428)
Family Caring Network Access grant not received	0.00	(41,556)
Total Revenue Change	0.00	$(189,984)

Budget Changes	**1993-94 Adopted**	**1994-95 Budget**	**Change**
Staffing Level	3.50	0.00	(3.50)
Costs	$1,167,219	$651,869	($515,350)
Less: Program Revenue	483,416	293,432	(189,984)
Net Revenue Required	$683,803	$358,437	($325,366)

Community-based Case Mgmt

Description

The purpose of Long Term Care Community Based Case Management is to maintain frail elders in the least restrictive community based living environment of their choice. This service maintains a caseload of 2,300 financially eligible elders with services in their homes, or in community-based care settings. Case managers located in four branches assess elderly individuals particular needs and develop service plans from an array of community based services.

This program addresses the needs of financial and service eligible elders who, without services would require more expensive, more restrictive nursing home care. This problem is increasing due to a growing older population. The population segment in greatest need of assistance, those 85 and older, increased 17% between 1980 and 1990 compared to the 3.8% growth of the general population. This population will grow by 13% during the next decade.

Local discretion is limited by Federal and State Medicaid regulation which defines eligibility and range of services available. Budget allocations are based on state caseload standards.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percentage of ASD Medicaid clients in community-based care	62%	63%	63%	64%

Explanation of Changes	FTE's	Dollars
Additional positions to handle increase in caseload	6.25	$251,683
Transfer 0.5 FTE Community Health Nurse to Nursing Facility	(0.50)	(23,400)
Additional Building Management	0.00	73,397
General inflation and wage increases	0.00	202,415
Total Expenditure Change	5.75	$504,095
Medicaid Title XIX reimbursement increased for additional staff based on caseload	0.00	$228,283
Medicaid Title XIX reimbursement cost of living adjustment	0.00	275,812
Total Revenue Change	0.00	$504,095

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	97.00	102.75	5.75
Costs	$4,594,808	$5,099,903	$504,095
Less: Program Revenue	4,594,808	5,099,903	504,095
Net Revenue Required	$ 0	$ 0	$ 0

Nursing Facility Case Mgmt

Description

The purpose of the Long Term Care Nursing Home Case Management service is to maintain frail elderly (persons no longer capable of independent living) in nursing homes with safe quality service. This service maintains a caseload of l,400 nursing home residents and, as appropriate, seeks needed rehabilitation services or relocation of residents to less restrictive community based care. The program assesses client need, determines service and financial eligibility and implements care plans based on service need and client choice. All services are funded directly by the State Medicaid Program.

This program addresses the need of financially eligible frail elders for safe quality nursing and custodial care. These elders are dependent in three to five activities of daily living. This problem is increasing since the most frail, the 85+ population are increasing in number. The 85+ population is growing at a rate four times faster than the general population (17% vs. 3.8%). Population projections indicate the 85+ segment will grow 13% over the next decade.

Local discretion is limited by Federal and State Medicaid regulation which defines eligibility and range of services available. State allocations are based on State caseload standards.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percentage of Medicaid clients residing in nursing homes	38%	37%	37%	36%

Explanation of Changes	FTE's	Dollars
Case Manager 2 added to handle overall growth in caseload	1.00	$90,263
Community Health Nurse transferred from Long Term Care	0.50	23,400
Building Management increase	0.00	7,811
General inflation and wage increases	0.00	16,080
Total Expenditure Change	1.50	$137,554
Medicaid Title XIX cost of living adjustment and increase to cover caseload increases	0.00	$137,554
Total Revenue Change	0.00	$137,554

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	20.00	21.50	1.50
Costs	$999,695	$1,137,249	$137,554
Less: Program Revenue	999,695	1,137,249	137,554
Net Revenue Required	$ 0	$ 0	$ 0

Public Guardian

Aging Services

Description

The purpose of the Public Guardian/Conservator's Office is to act as guardian and/or conservator for persons judged by the court to be unable to care for themselves, who are at high risk of abuse, exploitation or deterioration of health, and who have no one else available to serve as guardian. The Public Guardian Service establishes care plans to stabilize the situation and maintain 135 wards at a significantly lower risk level than at service intake. Services include ongoing medical and placement decisions, twenty four hour service fiduciary responsibility for client assets, property management and sale, timely submission of court reports, and information and consultation on guardianship, conservatorship, and alternatives to these services.

This program addresses the need for the protection of persons who, due to mental and physical incapacity, can no longer care for themselves or make appropriate decisions regarding their own care, and are in situations of such high risk that no alternative to guardianship will serve to stabilize the situation. This problem is increasing due to significant increases in the "old old" senior population, decreases in services available to the seriously mentally ill, and deinstitutionalization of the mentally retarded / developmentally disabled population.

Oregon Revised Statutes for guardianship and conservatorship, and for Public Guardian Programs, prescribe the activities of the program.

Action Plan

- Restructure the Public Guardian/Conservator's office to provide 24-hour coverage 7 days per week for clients.

Explanation of Changes	FTE's	Dollars
Building Management charges	0.00	$16,644
Increased contribution to State to match Medicaid Title XIX 45/55 basis to obtain additional revenue	0.00	17,580
Overtime and Temporary costs to cover weekends	0.00	6,893
General inflation and wage increases	0.00	11,916
Total Expenditure Change	0.00	$53,113
Medicaid Title XIX increase based on contribution and cost of living adjustment	0.00	$39,065
Reduced fee revenue based on clients with fewer assets and less income	0.00	(2,100)
Total Revenue Change	0.00	$36,965

Public Guardian

Aging Services

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	6.80	6.80	0.00
Costs	$456,805	$509,918	$53,113
Less: Program Revenue	289,111	326,076	36,965
Net Revenue Required	$167,694	$183,842	$16,148

Key Results

Aging Services is currently developing data collection methods that will enable the tracking of this key result in the 1995-96 budget

- Percent of requests for Public Guardian services that are accepted or diverted to other appropriate providers.

Budget Trends	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing Levels	6.75	6.75	6.75	6.80
Personal Services	$295,090	$315,155	$315,155	$332,121
Contractual Services	116,678	124,714	124,714	142,029
Materials & Supplies	16,131	16,936	16,936	35,768
Capital Outlay	0	0	0	0
Total Costs	$427,899	$456,805	$456,805	$509,918
Program Revenues	not available	$289,111	$289,111	$326,076
Net Revenues Required		$167,694	$167,694	$183,842

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Public Guardian	$427,899	$456,805	$456,805	$509,918

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Public Guardian	6.75	6.75	6.75	6.80

Adult Care Home Regulation

Description

The purpose of the Adult Care Home Regulation program is to assure a safe living environment with quality care for residents of adult care homes. The program is responsible for screening and inspecting applicant facilities for licensure, inspecting and issuing annual licenses, responding to complaints, and providing training for adult care home operators. The program also produces a listing of licensed homes for the use of the public.

Three thousand elderly and disabled persons requiring assistance with daily activities reside in and receive service from adult foster homes and room and board homes. There has been a steady increase in new homes licensed and complaints requiring investigation.

Action Plan

- Provide training to Adult Foster Home Caregivers in transferring, lifting, and bathing techniques; in exercise programs and other rehabilitative areas necessary for the proper care of residents. This will be done in conjunction with the Visiting Nurses Association and Mt. Hood Community Hospital.
- Develop and conduct surveys to assess the satisfaction level among adult foster home operators and adult foster home residents.

Explanation of Changes	FTE's	Dollars
Additional 0.50 Program Development Specialist to develop recreational activities for adult care home residents	0.50	$28,408
OA 2 reduced to compensate for fee increases erroneously budgeted twice in 1993-94	(1.00)	(29,900)
Case Manager Senior transferred to Community Access Program Management and Advocacy as part of program budget effort	(1.00)	(47,138)
Building Management	0.00	35,397
General inflation and wage increases	0.00	16,350
Total Expenditure Change	(2.00)	$3,117
Adult Care Home licensing and other fees decreased to correct for including estimates for 1993-94 that erroneously added the effect of fee increases twice.	0.00.	($58,590)
Medicaid Title XIX reimbursement increased because of a greater number of eligible clients placed in adult care homes, a cost of living adjustment, and reimbursement for part of the recreation program	0.00	39,575
Total Revenue Change	0.00	($19,015)

Adult Care Home Regulation

Aging Services

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	13.00	11.00	(2.00)
Costs	$792,527	$795,644	$3,117
Less: Program Revenue	598,676	579,661	(19,015)
Net Revenue Required	$193,851	$215,983	$22,132

Key Results

Aging Services is currently developing surveys that will enable them to report these key results in the 1995-96 budget:

- Resident satisfaction with adult care homes
- Operator satisfaction with adult care home regulation

Budget Trends	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing Levels	9.67	13.00	13.00	11.50
Personal Services	$398,695	$547,106	$547,106	$508,716
Contractual Services	134,863	192,181	192,181	206,066
Materials & Supplies	36,540	47,440	47,440	75,062
Capital Outlay	5,916	5,800	5,800	5,800
Total Costs	$576,014	$792,527	$792,527	$795,644
Program Revenues	not available	$598,676	$598,676	$579,661
Net Revenues Required		$193,851	$193,851	$215,983

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Adult Care Home Regulation	$576,014	$792,527	$792,527	$795,644

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Adult Care Home Regulation	9.67	13.00	13.00	11.50

Accounting Transactions

Description

Title XIX General Fund Indirect Reimbursement

The General Fund makes payments to the State of Oregon which the State uses as part of the pool of local dollars required by the Federal government as match to Title XIX entitlement revenues. This accounting organization records transfer of Title XIX revenue to the General Fund by way of an internal reimbursement supporting programs budgeted in the General Fund. The specific program expenditures funded by these reimbursements are shown elsewhere in the Aging Services budget. The change in amounts are dependent on the amount of contribution to the State in other Aging Services programs, the cost of living adjustments allowed by the State and Federal governments, and allocation decisions made at the State level.

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Costs	$752,194	$778,565	$26,371